

ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS
Complaint Form Instruction Sheet

The Board's Authority: The complainant should be aware of the Board's statutory authority, which is to regulate physician assistants (P.A.'s) under the Arizona Revised Statutes. The Board does not want to discourage the filing of a valid complaint, however, as an administration agency, the Board's jurisdiction and authority are limited. Only violations of the statutes fall under the Board's jurisdiction and may result in disciplinary action against a physician assistant.

This complaint form may only be used to file a complaint against a physician assistant (P.A.). If you wish to file a complaint against a health care provider other than a P.A., please see the attached list of Allied Health Professionals; find the type of health care provider you wish to file a complaint about; and, contact the corresponding licensing agency.

1. Complete the enclosed complaint and treatment information forms.
2. Provide the full name of the physician assistant (P.A.) that you wish to file a complaint against.
3. Complete a detailed narrative statement outlining your complaint in chronological order.
4. Provide the names of all other health care providers who have evaluated or treated the patient for the same medical condition, either before or after the subject physician assistant, including physicians, hospitals and emergency rooms, urgent care centers and radiology (x-ray) facilities. Please provide the dates of treatment for each health care provider.
5. Provide the full name, address and daytime telephone number of any witnesses that can provide evidence to support your complaint, as well as, a brief statement about what evidence the witness is able to provide.
6. Provide a copy of any supporting documents you have in your possession pertaining to your specific complaint, i.e., copies of medical records, explanation of Medicare Benefits (EOMB) or other insurance payments, billings, correspondence, etc. Please do not provide the Board with your original documents.
7. Please fax your complaint to (480) 551-2702 or mail it to the following address:

Arizona Regulatory Board of Physician Assistants
Attn: Investigations
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

Please be advised, the Board's complaint files and records are confidential investigative materials, and by law, availability is restricted pursuant to Arizona Revised Statutes (A.R.S.) §32-2552(C).

**ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS
TREATMENT INFORMATION**

(Please Print or Type)

Name of Patient: _____ Date of Birth: _____

Name of Patient's Primary Care Physician: _____

Who referred the patient to the subject physician assistant? _____

The patient has been evaluated or treated by the following additional health care providers:

| <u>Name of Provider</u> | <u>Dates of Service</u> |
|--|-------------------------|
| <u>Physicians and Physician Assistants</u> | |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| <u>Hospitals and Emergency Rooms</u> | |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| <u>X-rays:</u> | |
| _____ | _____ |
| _____ | _____ |
| <u>Other Providers:</u> | |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Do you have x-rays related to your complaint in your possession? Yes No

If so, where were the x-rays taken? _____

ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS
Consumer Complaint Form

(Please Print or Type)

Person Filing Complaint

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

Patient Information

Name of Patient: _____

Patient's Date of Birth: _____ Patient's SSN: _____
(Optional)

Complainant's Relationship to Patient: _____

This complaint is being filed against:

Full Name of P.A.: _____

Office Address: _____
(Street Address)

(City) (State) (Zip Code)

Full Name of P.A.: _____

Office Address: _____
(Street Address)

(City) (State) (Zip Code)

(Signature of Complainant)

(Date)

ATTACH YOUR ORIGINAL COMPLAINT LETTER TO THIS FORM.